



# THE CATHOLIC DIOCESE OF NGONG

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## IMPACT OF SOCIAL PROTECTION PROGRAMS, USING CHILD CENTRED (CNISD) APPROACH ON HIV CARE AND TREATMENT AMONG CHILDREN AND ADOLESCENTS LIVING WITH HIV/AIDS IN NAROK AND KAJIADO



*Livelihood program: One of the Catholic Diocese of Ngong's beneficiaries of nutrition and livelihoods intervention through provision of livestock to households taking care of Children and Adolescents on HIV care and treatment*

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## Abstract

**Introduction:** HIV and AIDS among children has increasingly become a burden to families with about 1.7 M children living with HIV globally with Kenya having about 105,200 children. Much attention has been given to biomedical interventions and the UNAIDS 90-90-90 treatment targets has provided a clear strategy to ending the epidemic. However, neglecting social determinants of health is a setback to this fight. Studies have demonstrated that social protection programs have positive efficacy towards the fight against HIV/AIDS and therefore UNAIDS Business Care advocates for inclusion of social protection programs. Kenya has therefore demonstrated her commitment through her programs to support children orphaned by or living with HIV/AIDS. However, despite the growing evidence, documentation on impact of social protection on HIV testing, care and treatment is lacking. Documenting CDON's approach is a positive trajectory towards providing guidance on scaling up the approach to other resource limited or rural settings.

**The Approach:** CDON identifies children living positive using community and facility structures and systems. CDON's Child Centered Needs Identification and Service Delivery (CNISD) Approach is used to identify child and household specific needs and consequently to provide effective social protection services. The services provided are grouped into three major components namely; education, health and livelihood. In order to provide quality services, CDON collaborates and partners with the community, health facilities, government departments and agencies. To document the impact of this approach to Children and Adolescents Living with HIV (CALHIV), CDON extensively used qualitative method and was complemented by quantitative method to gather information from the beneficiaries and stakeholders. Qualitative data was gathered using purposive sampling technique where Focus Group Discussions, Key Informant Interviews, Observation and Case Studies were used to gather information and was analyzed thematically by generating categories and patterns. Quantitative data was collected using data collection tool developed to collect data from the field offices and project's Child Protection Information Management System (CPMIS) and was analyzed using excel and presented in tabular form. Ethical considerations were observed by participants being taken through informed verbal consent before participating in the discussions or interviews and in cases where photos were captured a signed informed consent for photo use was administered. In addition, confidentiality was assured to the participants and all responded only to the questions they were comfortable with.

**Results:** There was evidence that Catholic Diocese of Ngong's social protection implementation using the Child Centered Needs Identification and Service Delivery (CNISD) approach was effective in providing quality care to CALHIV. Education interventions ensured children were retained at school. Out of the number of children who received school fee, **17%** were living positive. In addition **27%** and **38%** of children supported for school uniform and vocational training fee respectively were living positive. The education support impacted positively on the beneficiaries' physical health. Under health services **100%** of children enrolled in the CDON's program received HIV testing results and **100%** of those who received positive results were linked to care. Of the total number of CALHIV, **84%** were virally suppressed and further to this, **67%** of the defaulter had suppressed viral load after three months following tracing. Besides, **38%** of the children who received food support were living positive and food support enhanced their adherence to ARVs and all the CALHIV (**100%**) were assessed for malnutrition with only **3(0.003%)** being malnourished. Health interventions ensured improved children general health and adherence to care and treatment protocols and appointments overtime. Livelihood programs on the other hand created strong and sustainable economic empowerment strategies and food security to the CALHIV households since over **30%** of the total number of households who either received productive assets or business startup kits and grants were of CALHIV. CDON also demonstrated great impact in

policy advocacy and implementation for children well-being following strong collaboration with government structures.

***Conclusion and Recommendation:*** There is clear evidence of positive impact on social protection services on CALHIV care and treatment using CNISD approach both in physical and social health. It is therefore inevitable for programs responding to CALHIV problems to include social protection services. To sustain gains made in the fight against HIV more support is required towards livelihood programs. CALHIV and their caregivers will thus require practical and longitudinal trainings provided for economic empowerment and food security. In addition, more support towards National Hospital Insurance Fund (NHIF) will ensure uninterrupted access due to health care cost. In order to reduce distance related barriers, working with the government structures to improve care by decentralizing comprehensive care centers will be effective in addition to strengthening community structures in a bid to scale up community ART distribution especially with the emergence of COVID-19 pandemic.

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## Glossary

|  |  |
|--|--|
| <b><i>Case management-</i></b>                 | is a process where vulnerable children and their families are identified, needs assessed, resources are allocated while both the household and the child are involved in establishing realistic objectives and goals and plans jointly developed, implemented and evaluated for desired outcome                                      |
| <b><i>Cash transfer-</i></b>                   | direct transfer of funds to families with limited employment, income, livelihood and economic production   |
| <b><i>Case worker-</i></b>                     | a trained community health volunteer on identification of children cases, development of case plans and delivery of services   |
| <b><i>Community health volunteer-</i></b>      | a lay community person voluntarily offering community primary health services  |
| <b><i>Livelihood programs-</i></b>             | are programs designed to improve quality of life among the vulnerable households   |
| <b><i>Orphans and vulnerable children-</i></b> | are children 0-17 years who are either orphaned or made vulnerable because of HIV with either one or all parents dead due to HIV/AIDS. One is vulnerable because one of the parents or all are HIV positive, lives without adequate adult support, household headed by grand parent or child, marginalized or discriminated against. |
| <b><i>Viral Load-</i></b>                      | amount of virus in an infected child's or person's blood.  |
| <b><i>Viral Suppression-</i></b>               | when antiretroviral therapy reduces a child's or a person's viral load   |
| <b><i>Psychosocial support-</i></b>            | is the response to psychological and social challenges arising from HIV infected individuals and families  |
| <b><i>Seed capital-</i></b>                    | resources that are provided to individuals starting business to help them develop their business ideas   |
| <b><i>Stakeholders-</i></b>                    | are persons, groups or organizations that are impacted by the outcome of the programs or project   |
| <b><i>Social protection-</i></b>               | are policies and programs that are designed to reduce poverty and vulnerability risks and enhance capacity to respond to socio-economic risks  |

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## Acronyms

|         |  |
|---------|--|
| AAC     | Area Advisory Committee                                  |
| AIDS-   | Acquired Immunodeficiency Virus                          |
| ART-    | Anti –Retroviral Therapy                                 |
| ARV-    | Anti-retroviral  |
| CALHIV- | Children and Adolescents Living with HIV                 |
| CASCO-  | County AIDS and STI coordinators                         |
| CCC -   | Comprehensive Care Centre                                |
| CDON-   | Catholic Diocese of Ngong                                |
| CHV-    | Community Health Volunteers                              |
| CNSID-  | Child Centered Needs Identification and Service Delivery |
| CT-     | Cash Transfer  |
| CTLS-   | Community Led Total Sanitation                           |
| CPMIS-  | Child Protection Management Information System           |
| DCS-    | Department of Children Services                          |
| FGD-    | Focus Group Discussion                                   |
| HCW-    | Health Care Workers                                      |
| HIV-    | Human immune-deficiency virus                            |
| HTS-    | HIV testing services                                     |
| KII-    | Key Informant Interviews                                 |
| MOH-    | Ministry of Health                                       |
| MOA-    | Ministry of Agriculture                                  |
| MUAC -  | Mid -Upper Arm Circumference                             |
| OVC-    | Orphans and Vulnerable Children                          |
| PLHIV-  | Persons Living with HIV                                  |
| QI-     | Quality Improvement                                      |
| SCASCO- | Sub-County AIDS and STI Coordinator                      |
| SILC    | Savings and Internal Lending Communities                 |
| UNAIDS- | United Nations Program on AIDS                           |
| VSLA-   | Village Saving and Loaning Association                   |
| WHO-    | World Health Organization                                |

## 1.0 INTRODUCTION

HIV and AIDS has remained a global pandemic with social, economic and health effects. Globally, HIV prevalence is at 37.9M, with 1.7M being children (WHO/UNAIDS, 2018). In Kenya Persons Living with HIV (PLHIVs) are estimated to be 1.5M with 105,200 being children below 14years (NACC, 2018). According to WHO 2008, the global HIV epidemic control is not only by medical approaches, but also encompasses economic, social and political systems that have been put in place to help fight the scourge and manage its spread. UNAIDS 90-90-90 treatment targets have significantly provided a road map for ending HIV epidemic by ensuring maximum testing, complete linkage and treatment through Antiretroviral Therapy (ART), and viral suppression (VL) among people living with HIV. According to Lucie et.al (2015), it is an understatement to assume that HIV testing and treatment will adequately address the epidemic among the adolescents and children since there are other social determinants which if rarely considered would have devastating effects on the life of this group of the population.

While many existing social protection schemes were not set up with HIV as primary focus, their potential to contribute to a comprehensive HIV response has increasingly become noticeable and there is growing body of evidence demonstrating the positive impact of HIV related social protection. UNAIDS (2018) Business case on social protection highlights how HIV sensitive social protection can reduce vulnerability to HIV infections, improve and extend the lives of people living with HIV and support to individuals and households. According to paragraph 62(i) of the 2016 Political Declaration of HIV and AIDS, the target is to encourage member states to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk or affected by HIV are benefiting from HIV sensitive social protection. As a result, social protection programs have been successful in developing countries with much efforts seen in fighting

poverty and hunger. Countries and donor agencies across the world have adopted social protection strategies to complement and strengthen their efforts towards reducing poverty and vulnerability.

Termin, (2010), confirms positive impact of a variety of social protection instruments including cash transfers, food transfers, social health protection and fee exemption schemes on HIV and AIDS treatment. She indicates that social protection functions as an incentive to utilize services when delivered in the form of monetary payment associated with clinic attendance, testing or treatment adherence or mandatory condition or by releasing financial barriers to service utilization either through free or subsidized provision, health insurance or Cash Transfers (CT) which share the common effect in increasing affordability of service utilization. Pettifer et.al (2012) asserts that social protection through CT has two thronged function both as incentive to behavior change and as income to relieve budget constraints to expenditure on the core foods and services required for a healthy life (food, basic healthcare and education).

This is not far from what other studies have revealed. Johanna M, et.al(2019) in their studies have confirmed that like other health services, HIV testing is made easier when services are accessible and vulnerable families that do not have health insurance tend to have less frequency of health facility visits due to economic constraints compared to those with hospital insurance thus giving less chances of HIV testing. It has also been established that Children and Adolescents Living with HIV (CALHIV) like adults have various challenges that affect their retention and Antiretroviral Therapy (ART) adherence. These challenges are myriad and includes stigma, substance abuse, lack of social support, housing, health insurance, competing life demands and economic constraints which significantly contributes to non-adherence among PLHV and by extension children and adolescents. Besides, studies have shown association between cash aspects of social protection and reduction in HIV risk

behavior especially among adolescents which has largely contributed to improvement in education, health and nutrition of children (Adato M and Basset L, 2009). According to Lucie D. et.al (2015), there is increased evidence of how social protection interventions such as parental efficacy interventions and educational support have improved ART adherence and reduced drivers to HIV risk. Beth S. et.al (2011) argues that financial support towards education has demonstrated great potential of improved efficacy towards ensuring adherence among school going children due to increased knowledge and understanding of status among other required health benefiting actions.

According to Henry J. et .al (2016), food and security also has direct effect to HIV care and treatment adherence for it has presented as a major barrier to adherence to care and treatment recommendation for PLHIV. It equally has a bearing to HIV health seeking behavior outcomes and impacts on HIV outcomes especially among the urban poor. The use of community health workers (lay workers) has equally contributed massively to the HIV service delivery with respect to community sensitization, psychosocial support, and linkage to care, defaulter tracing and improvement in clinic attendance.

While considering the above, a lot of emphasis and recognition in the recent past has thus been the call for social protection systems to respond to challenges that have been encountered by developing countries which includes; food security, chronic poverty and HIV pandemic among affected families. HIV and AIDS has continuously pushed households and people into poverty through labor incapacity with increased medical expenses. In addition, HIV related stigma and discrimination of marginalized persons living with HIV and households affected by virus has resulted into their exclusion from essential services.

In Kenya the political leadership has demonstrated commitment to supporting investment in social protection programming through budget commitments. The government has enacted social protection policy to provide

guidance to social protection programs including cash transfer, National Health Insurance Funds (NHIF), National Social Security Fund (NSSF) among other funds. Social protection has therefore been entrenched primarily through cash transfers program for improved household food security, education, access to basic health care, social support networks, and social health insurance fund and subsidy programs for orphans and vulnerable children (NGEC 2014).

While responding to the call for social protection systems, Catholic Diocese of Ngong (CDON) has utilized child centered approach in promoting access to social protection programs in Kajiado and Narok to ensure that children access HIV testing, care and treatment services. Catholic Diocese of Ngong identified a gap in pediatric HIV service delivery more specifically to the children who are out of reach of HIV testing, treatment, care and support due to poverty, distance to service delivery points or stigma and discrimination.

### *1.1. Rationale*

Despite the growing evidence, there is insufficient guidance on how to bring to scale what works in the context of different HIV epidemics and for different populations. Lack of documented evidence has led to holding back on investments that offer solutions, global policy formulation and implementation, programming, funding and decision making and this has remained a major gap for many community health and development partners.

Considering the fact that little has been documented about how social protection programs impact on the life of CALHIV, it is important to have a documentary evidence on the same to generate information. This document, therefore, generates rich evidence of how CDON has successfully implemented social protection programs using her Child Centered Needs Identification and Service Delivery (CNISD) approach to provide quality HIV care and treatment support to CALHIV in resource limited settings. This information will be useful for replicating interventions of similar nature in other settings, creating opportunity for policy

makers and funding agencies to incorporate social protection in HIV programming, bring a new life to OVC programming and also for generation of new knowledge through research.

### *1.2 Objectives*

This document was aimed at bringing out evidence on CDON's social protection programs using her Child Centered Needs Identification and Service Delivery (CNISD) approach to improve lives of CALHIV.

The main objectives included;

- ✚ To determine the impact of social protection interventions in improving children HIV testing, care and treatment and support
- ✚ To understand the role of CDON in advocacy and implementation of children policies

## 2.0 METHODOLOGY

### 2.1. Identification and enrolment

Catholic Diocese of Ngong (CDON) identifies children who are either orphaned, vulnerable or infected by HIV/AIDS from the community and health facilities for enrolment into OVC and health programs. Identification process is achievable through three main approaches and platforms namely; (i) during community meetings where community members identify and refer children facing various challenges including CALHIV (ii) routine community referrals through program supported community health volunteers (CHVs) (iii) in coordination with; health facilities, HIV partners and HIV/AIDS and STI coordination officers to identify HIV infected children for program support. Through these approaches a total of 6302 children have been enrolled in the program out of which 821 are CALHIV.

The eligible children through various identification approaches are then enrolled into the program using community health volunteers who must seek informed consent from the caregivers. After enrolment the child and the household goes through detailed assessment to confirm the vulnerability status and for service delivery.

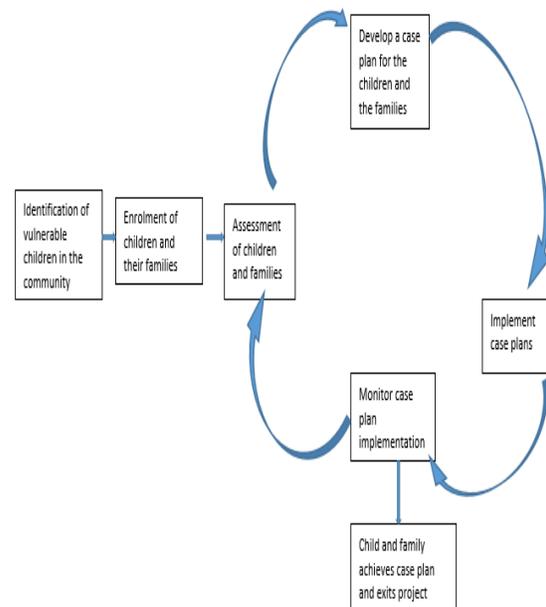
### 2.2. Explanation of Child Centered Needs Identification and Service Delivery (CNISD) Approach

Catholic Diocese of Ngong uses customized Child friendly and sensitive approach referred to as the Child Centered Needs Identification and Service Delivery (CNISD) approach where children enrolled in the program are assigned case workers who monitor provision of services to the children based on identified gaps. The case workers use assessment tool known as case plan achievement readiness assessment tool for specific needs identification and guidance on service delivery. During the assessment, the child status on different parameters including; health, nutrition, education and protection is scored and depending on the score, a case plan is jointly developed between the project, the child

and the caregiver. The case plan is then implemented with the support of a case worker who is a community health volunteer trained on household case management.

To implement case plans, services are either provided directly through CDON's social protection programs, household locally available resources or through referrals and linkages to the community and other stakeholders including government line ministries and departments. As part of the implementation, plans are periodically reviewed to monitor and evaluate progress towards achievement. In cases where the implementation plan is not working for any of the needs identified, a multi-sectorial team reviews and proposes new plans jointly with the household members. Further to this, in households where the needs are holistically addressed and household economic independence is established, the household is taken through an exit plan. CNISD approach ensures holistic support to the family by ensuring the child's vulnerability level is significantly reduced and all the child's needs are addressed at the household level without CDON's program support and hence protected against any social and economic challenges.

CHILD NEEDS IDENTIFICATION AND SERVICE DELIVERY APPROACH



### *2.3 Service Delivery through CNISD approach*

Following well established children needs, Catholic Diocese of Ngong works in collaboration with both the National and County governments to ensure provision of a range of services to the orphans and vulnerable children including those living with HIV. To support children living with HIV, CDON implements social protection programs while observing the UNAIDS 2018 guidelines. CDON supports education, health and livelihood aspects of social protection in CALHIV households alongside other OVC households. Under education, CDON supports programs that ensure CALHIV are retained in school and regularly attend school besides offering psychological and emotional support to enhance good performance at school. To achieve this, CDON collaborates with both government and private funding institutions such as banks and foundations to link children to education scholarships. In addition, CDON pays school fees directly to schools for the vulnerable children. In health, Catholic Diocese of Ngong works closely in coordination with county government's Department of Health, stakeholders, community structures and health facilities (Public, Private and Faith Based) to ensure CALHIV receive quality HIV care services. CDON supports children testing using pediatric screening tool to identify eligible children for HIV testing. All children testing positive are referred or accompanied to the nearest Comprehensive Care Centers (CCC) health facilities for enrolment and linked to community support services. In addition, CDON works closely with Department of Children Services (DCS) in the counties to facilitate service delivery to children including CALHIV especially on child protection. CDON also invests in livelihood programs to economically empower families to sustain services received through donor support. Consequently, CDON links up with Ministry of Agriculture (MOA) to improve food security, Ministry of Labor and Social Services to register caregiver self-help groups and train caregivers on business skills and other relevant government agencies and departments.

### *2.4 Data/Information gathering for Documentation*

To understand the impact of the social protection interventions in Narok and Kajiado counties qualitative method was the main approach used and was complemented by quantitative methods. Quantitative data was collected using data tools developed to collect data from the CDON field offices and also Child Protection Management Information System (CPMIS).

To gather qualitative data, purposive sampling technique was employed to identify appropriate participants to provide accurate and in-depth information while considering geographic location and participant's unique characteristic as advised by CDON. Consequently, Focus Group Discussions (FGD), Key Informants Interviews (KII), Observation and Case Studies were used to gather information. The FGDs participants included adolescents living with HIV, caregivers and CHVs whereas those considered for KIIs included Ministry of Health (MOH) representatives, Department of Children Services representatives, Link Desks, HIV care and treatment partner, Health facility CCC in-charges, and Catholic Diocese of Ngong Staff. The FGD, KII and Case studies interview and discussion guides were developed to aid information collection. To ensure accuracy of information gathered, two note takers were used during discussions and interviews for qualitative data while for quantitative data, a tool was developed and shared with CDON social worker to collect data at the site level. For further evidence, where necessary, photos were taken as was deemed appropriate. In addition, desk review for CDON documents including annual and quarterly reports on social protection interventions and impact was conducted.



*One of the CHVs' Focus Group Discussion sessions in Kajiado East*

To guarantee ethical consideration, verbal informed consent was sought from the participants with confidentiality assured and participants aptly informed of how the information provided would be utilized and that their identities would be concealed. The participants were informed of their rights during the interview including rights to choose not to respond to any questions they feel uncomfortable with without any coercion and denial of ongoing or future services. Where photos were taken, written consent for photo use was sought using CDON photo consent form (Annex III). With the emergence of COVID-19 pandemic in Kenya, FGDs were held in adherence to MOH guidelines on prevention such as social distancing and wearing of masks during meetings. Besides, hand washing facilities were established at the locations where group activities were conducted.

Quantitative data was analyzed through MS-excel whereas qualitative data was analyzed thematically by organizing data collected, generating categories themes and patterns, testing emergent understanding and suggesting alternative explanations.

**Table 1: Table showing Sample size**

| Method       | Groups | Individuals | Composition   |
|--------------|--------|-------------|---|
| FGD          | 5      | 57          | CHVs, Caregivers, Beneficiaries,                                    |
| KII          | 5      | 13          | CASCO,DCS, HIV partners, CCC-In charge, Link Desk, Diocese of Ngong |
| Case studies | 5      | 5           |   |
| <b>Total</b> |        | <b>75</b>   |   |

### 2.5 COVID-19 related limitations

Documentation exercise took place at a time when COVID-19 infection was on the rise in country thus affecting adversely the greater Nairobi Metropolitan which cover five counties including Kajiado. The government of Kenya developed strategies to curb the spread, some of which included; Movement cessation into and out of the Nairobi Metropolitan area, night curfew, use of masks and keeping distance of 1.5m, ban of any gathering, hand washing and staying at home if there is no reason to move including those with flu like symptoms and coughs.

These measures slowed the process as described below;

- ✚ Access to sites outside the Nairobi Metropolitan region delayed due to movement restrictions and this only became possible after obtaining letter of authorization to travel through Kajiado County Health Department
- ✚ Meeting time, number of meetings per day and number of FGD participants were limited due to curfew time and adequate meeting space availability
- ✚ Use of masks at times hindered clear articulation of issues as some participants could not remove mask while speaking since they were at high risk due to underlying conditions
- ✚ Participants' expectation compensation for meeting attendance limited the number of meetings due to budget limitations. Most families experienced job losses as a result of the pandemic thus leaving most households with no alternative, but food donations by

government which was not always adequate

- ✦ Participants fear for police arrests due to the government's advice on avoiding public gatherings led to difficulty in making and honoring appointments
- ✦ Due to movement restrictions, some government officers were out of office compelling team to wait for them to be available in their offices at their convenience or make long calls to capture information for those who could not make it to the office

### 3.0 IMPACT OF SOCIAL PROTECTION ON HIV PREVENTION, CARE AND TREATMENT AMONG CALHIV

While using the CNISD approach, CDON implements holistic care and support for children which includes; HIV clinical care, psychosocial response, livelihood, legal services, family and community support. CDON’s Social protection programs have centered on the aforementioned among many others and has created extensive impact in Narok and Kajiado as discussed below.

#### 3.1 Education

According to Tatenda et. al. (2019) HIV infected children miss school due to illness, medical appointments, lack of school fee and motivation among learners. In discussion with the caregivers and adolescents, lack of education support emerged as having devastating effects on CALHIV overall wellbeing and education attainment. CDON’s response to education challenges is in three spheres namely; ensuring regular school attendance and retention, emotional and psychological support and supporting vocational trainings for OVC out of school.

**Table 2: Showing education achievements**

| ITEM   | #CALHIV (%) | Other OVC | TOTAL SERVED |
|--|-------------|-----------|--------------|
| Received School fee  | 59 (17%)    | 288       | 347          |
| Received school uniform  | 27 (18%)    | 123       | 150          |
| Vocational training fee beneficiaries                            | 9 (38%)     | 15        | 24           |
| Linked to scholarship programs (Government and private entities) | 7 (25%)     | 28        | 35           |

Source: CPMIS June 2020

#### Education retention and regular attendance

Orphans and Vulnerable Children usually lack school fee, school uniform among other education necessities which often keep them out of school. To respond to education access and retention challenges, Catholic Diocese of Ngong provides school fee to children attending secondary schools and between 2018 and 2020, a total of 347 children received school fee support out of which 59(17%) were CALHIV. Within the same period, CDON also supported 150 children with school uniform where 27(18%) were children living with HIV. Further to this, CDON linked 35 children to Wings to Fly Scholarships (an initiative of the Equity Bank and MasterCard foundation) and government scholarships with 7(20%) of these being CALHIV. School fee payment ensure regular school attendance and retention. Consequently the impact includes; increased knowledge about their health since HIV education is part of the Kenya’s education curriculum in schools, improved adherence due to emotional stability and increased self-esteem, acquisition of knowledge and skills that enhance their employability and consequently sustained provision of health needs including good nutrition. In addition, CDON also distributes sanitary towels to CALHIV at school and for example, between 2018 and 2020, 18% of the girls who received sanitary towels we living positive. Sanitary towels are great drivers to retention of girl child at school and consequently improves emotional stability and performance.

During a caregivers FGD, a mother emotionally explained how CDON education support has been of benefit to her household as follows...

*“...I thank God for Catholic Diocese of Ngong, this project has really assisted me, two of my children have completed high school and joined public universities and the project supported their high school education through school fee payment. When they received admission letters to the University again the Catholic Diocese of Ngong wrote a letter of support to Higher Education Loans Board for consideration, I really thank this project...”* (CALHIV mother, Kitengela)

In addition, keeping the children in boarding schools has a positive effect on children health despite stigma challenges in boarding schools.

CDON established that children who have accepted their status and are in boarding schools tend to have improved viral load suppression because of good nutrition at school.

While confirming this fact, a caregiver (mother) shared her experience with her daughter who received school fee from CDON. She explained the changes noted as below...

*"... I have a daughter in high school in Form 2 and because CDON pays her school fee, she is ever at school and has remained virally suppressed. This is because at school she receives balanced diet and three meals a day..... Since the school fee is paid, the cash I have save I use to buy other food stuffs like fruits for her. Indeed she has never had high viral load since she joined boarding school. She has accepted her status too..."* (CALHIV caregiver, Kimana)

#### Emotional and psychosocial support

CALHIV always face emotional challenges due to several factors with lack of education support being one of the factors. To provide emotional support to the school going children, CDON visit CALHIV at school especially when they have problems with school fee or stigma related challenges. In 2019 a total of seven school going CALHIV were visited by CHVs at school. These visits result into improved adherence among CALHIV and better care from the school staff. Besides, within the same period, CDON held six dialogue days to understand children educational challenges and provide guidance and counselling on performance improvement. Moreover, when school fee is paid and CALHIV regularly attend school, they remain emotionally stable, experience high self-esteem and feel cared for. These experiences create great impact on children school performance and by extension adherence to treatment and quality life.

This was highlighted during a key informant interview by one of the CHVs as below.....

*"...CALHIV encounter challenges at school especially when they have school fee balances since some of them do not have parents, they feel devastated when they are sent for school fee.. I had such cases in my region and so I visited the children at school to encourage them and also discussed with the school Principals about the children's predicament and requested that they*

*be allowed to stay at school until CDON or bursary committee release cheques. When I did that I realized the children felt cared for, remained happy and adhered to ART prescription..."* (CHV, Narok County)

During a caregivers' focus group discussion one caregiver, while explaining the emotional effect of school fee payment on CALHIV, spoke as below.

*"..... I have a HIV positive grandson and my daughter who attend the same school and so when both are sent home for school fee, I would rather pay for the grandson first because he develops very high tempers. My experience with him is that if his case is not handled first he feels discriminated against because of his status. Due to this and in order to remain at peace, I pay his fee first to control his emotions..... So when CDON supports him with school fee, we feel good and happy for he will be happy too and feel loved."* (CALHIV Caregiver, Ngong.)

#### Vocational Training

Catholic Diocese of Ngong provides support towards vocational training for CALHIV out of school especially those who never transitioned to high school. Through this support, the children acquire skills and knowledge for informal sector. The CDON's support to CALHIV on vocational training impacts on their life since it creates opportunities for livelihood and consequently take charge of their health and physical needs. A total of 9(38%) CALHIV benefited from vocational training fee support out of 24 OVC supported between 2018 and 2020.

During a HIV positive adolescents FGD session, one female expressed her joy while narrating how Catholic Diocese of Ngong ignited hope into her life as follows...

*"..... after completing my class 8, life was difficult and I had no hope in life. One day a community health worker visited our household and I was asked what I would want to do in life. I thought about it and expressed my desire for a catering course. Today I am in my second year at a Catering college and when I complete my training I hope to get employed or open my own business and I look forward to a time when I will*

*take care of myself, afford a balance diet,, support my family members and also help others...”(CALHIV, Ngong)*

### 3.2 Health programs

A study by JJenniferke H. *et.al* (200) in Zambia revealed that HIV- infected children are faced with numerous access barriers to HIV care. Such includes; travelling long distances to the clinics, lack of transportation fee leading to missed appointments especially in areas with poor road network (similar to the terrain in Narok and Kajiado) and malnutrition due to lack of balanced diet. Emmanuel Kimera *et. al* (2019) also considers psychosocial wellbeing, disclosure of HIV status and stigma as some of the challenges CALHIV encounter.

In Narok and Kajiado counties, CALHIV face similar challenges including; inability to meet healthcare costs, distance and transport to facilities especially in the remote areas, poor adherence to medication and treatment appointments, stigma and discrimination, poor parenting and ignorance about HIV care by caregivers and also malnutrition. By identifying these challenges through CNISD approach, CDON develops various response mechanisms as discussed below;

*Table 3: Showing health programs outcome*

| ITEM                      | CALHIV | Gen. OVC | % CALHIV |
|---------------------------|--------|----------|----------|
| OVC tested                |        | 6302     |          |
| Living Positive           | 821    |          |          |
| Suppressed                | 690    |          | 84%      |
| Supported NHIF            | 3      |          | 0.004%   |
| Assessed for malnutrition | 821    | 211      | 100%     |
| # Malnourished            | 3      | 2        | 0.004%   |
| Received food support     | 244    | 387      | 39%      |
| Monthly visits            | 740*   | 561      | 100%     |
| Defaulters traced         | 22     |          |          |

*Source: CPMIS June 2020 Narok and Kajiado Counties .....\*Kajiado only*

### Collaboration with stakeholders and government

One strong approach that CDON uses to ensure care is provided to children and adolescents living positive is by sustaining strong collaboration and partnership with the County Department of Health (CDH) and HIV service delivery partner among other partners by offering support to service delivery especially in remote areas of Kajiado and Narok. During key informant interview, a health official managing HIV care services in Kajiado applauded CDON’s support to health care services especially in rural communities by commenting as below...

*“CDON, through her staffs that work in this region, have collaborated well with my office. Indeed they are always ready to assist the community and whenever we have an issue with any child who is defaulting among other challenges affecting children, they are always our immediate help...”* (County Health Official, Kajiado South)

### HIV testing

To ensure complete and quality HIV testing, CDON use the OVC data from CPIMS and her community health volunteers to ascertain the children with unknown HIV status and screen them appropriately for HIV risk. All those children who meet eligibility criteria for testing based on bi-annual screening are mobilized for testing. The sessional counsellors seconded by the County Department of Health officials work together with the CHVs to test the OVC with unknown HIV status at designated community points or at the facility. This collaboration has seen a total of 6302 children know their HIV status with 821 as HIV positive with 100% linkage.

A community health volunteer explained CHV’s role in testing as supported by CDON as below....

*“...we work with caregivers and CDON to identify children with unknown status and mobilize them for testing. CDON provide transport to HTS counsellors who come to testing points, like for my case they come to the slum and conduct testing. We also ensure all OVC who test positive are referred and linked for care in the nearby facilities...”* (CHV, Kajiado East)

### Linkages and referrals

In order to ensure complete linkage and referrals on service access at the community and facility, CDON in 2020 engaged 103 community health volunteers who refer and link CALHIV to the facilities. In addition further 22 link desk person (Community workers, majority living positive, stationed at health facilities) were recruited to attend to Children living with HIV and other populations at the facilities. These community based workers bridges the gap between the facility and the community thus strengthening referral pathway. A total of 4166 CALHIV and OVC were served through link desk in 2017.

A Link Desk person during her interview on her role explained herself as below....

*“.....I receive referrals from the community especially through community health volunteers engaged by CDON. Upon receiving referral form (MOH 100) I link the child to various services as checked in the referral form. This can be either for HIV testing, enrolment into care and treatment, or nutritional support among other services in the facility.... Besides, after CALHIV is through with the doctor I ensure; they have next appointment, refer as appropriate for community based services and also work with the CHVs at the community to follow up on defaulters ...”*(Link desk, Kitengela)



*A Link desk volunteer in one of the health facilities in Kajiado County*

### Promoting National Health Insurance Fund (NHIF) enrolment and payment of hospital bills

To respond to health care cost challenges, CDON pays hospital bills to OVC who are completely vulnerable with priority given to CALHIV. For the period 2018-2020, seven

CALHIV had their bills paid when they were hospitalized in various health facilities. In addition, CDON also collaborates with National Health Insurance Fund (NHIF) agency to sensitize the community on benefits of the fund towards increasing service access. Catholic Diocese of Ngong partnered with the County Government on the drive to increase enrolment to the insurance scheme through a drive dubbed *Mbuzi mmoja afya bora* where the county government pays part of the annual insurance fee while the member covers the difference. In addition, CDON promotes payment of premiums especially among caregivers enrolled in Savings and Internal Lending Communities (SILC) and Village Saving and Loaning Association (VSLA) where they save and pay monthly premiums. Between 2018 and 2020, a total of 446 children whose caregivers participated in SILC/VSLA's activities were enrolled into NHIF by their caregivers out of which 61(14%) children were living positive. Further to this, CDON support direct payment of premiums for extremely vulnerable households. Due to limited resources three (3) children living positive with high viral load and staying in highly vulnerable households were supported to enroll for NHIF through direct payment of premiums.

A VSLA leader demonstrated how through the saving scheme they regularly pay for their premiums. She explained as below...

*“...CDON brought NHIF officers to sensitize us about available products and after this sensitization VSLA members began saving about Kshs 100 per week towards NHIF premiums. CDON trained us on savings and this has made us pay for our premiums without defaulting, it has been good because when our children fall sick they get treated at the hospital courtesy of NHIF ....”* (VSLA Leader, Kitengela)

CDON also pay bills to children who fall sick and require more specialized care or hospital admission. This has significantly contributed to improved lives of CALHIV. While engaging a CALHIV during an FGD meeting, one male HIV adolescent explained...

*“I was sick and my mother could not afford my treatment. She talked to the community health volunteer who talked to the social worker at*

*CDON. I was given fare to the hospital and CDON also paid the hospital bill. I could not have received treatment without this support.”* (13 years old HIV Adolescent, Ngong)

#### Defaulter tracing

CALHIV experience challenges with adherence to treatment (medication and clinical diagnostic) appointments especially when at school due to term dates. To mitigate this, CDON provides transport to facilitate children who cannot afford transport to the facilities for ARV refills, diagnostic appointments or opportunistic infections treatment. A total of 151 CALHIV received transport subsidy to access care in various facilities for the period 2017-2020. Besides, CDON works with facilities to schedule adolescents’ clinics during holidays or weekends, support defaulter tracing through CHVs and in coordination with link desks. The community based workers are provided with transport and lunch by CDON to make follow ups for all CALHIV who default at the facilities. In the first quarter of 2020, a total 22 children defaulters were traced and resumed care.

While explaining their roles in supporting defaulter tracing, one of the CHVs explained..., *“...when visiting CALHIV we check on adherence through pill count and appointment cards. In addition, the facility or CDON also share a list of defaulters that we use to visit the defaulters and find out the reasons or challenges they encounter. Once we have agreed with the caregivers and CALHIV on the treatment resumption plan, we either refer them to the facilities or physically escort them. CDON has also supported the OVC with transport costs where it is extremely necessary especially in remote areas due to long distances to the facility and poor road network. Without CDON, some of the children would not make it in life especially when such support is required urgently ...”* (CHV, Ngong)

#### Patient Monitoring through Viral Load (VL)

High Viral Load (HVL) is one of the challenges CALHIV face in their everyday life and this is caused by various factors including food shortage, emotional challenges and non-adherence to treatment. Besides ensuring access

to services, CDON also collaborates with facilities and HIV partners to get VL results to inform their programming including case conferencing for those with high viral load. With mixed interventions, a total of 690(84%) achieved VL suppression out of 821 CALHIV. This is higher than the overall CALHIV suppression rates which is about 73% for the two counties combined. However, in Narok and Kajiado counties, much of the challenges to adherence arise from food shortages, especially from the rural clients, as explained by majority of the care providers.

A social worker while explaining how they monitor the children viral load performance explained...

*“ we keep records of routine Viral load sample uptake for each child and when appointment date nears, we remind the caregiver or the adolescent and make plans to have the child appear at the facility for sample collection”* (Social Worker, CDON)

During a KII a facility clinical officer explained CDONs support as below....

*“...during our follow up on CALHIV who defaulted treatment, the caregivers mentioned that they defaulted due to lack of food and this resulted into very high viral loads. In response, CDON provided food to these households and when we took a repeat viral load test after three months, we are happy that four were virally suppressed...., the coming of CDON in service delivery has been a blessing.”* (Health worker, Magadi)

#### Psychosocial support

To respond to CALHIV psychosocial challenges, CDON in collaboration with facilities form and facilitate CALHIV support groups through which they share messages on adherence, ART management, coping strategies stigma and discrimination, drug and substance abuse among other relevant topics to the adolescents. By June 2020, CDON had 24 active support groups serving 399 CALHIV. The support group members are provided with transport to attend meetings and also refreshments. In addition, CHVs also visit the CALHIV monthly to check on their health status and provide emotional support.

While appreciating the psychosocial support they receive from CDON, one adolescent explained as follows....

*“... we meet during holidays at the Parish and through the support of Catholic Diocese of Ngong, our support groups run very well because they give us refreshments during meetings and also transport. The support groups have been of great help because CHVs and social workers sensitize us on topics about positive living such as HIV prevention, disclosure, adherence, stigma reduction and discrimination, drug and substance abuse among many others. As adolescents the support groups give us opportunity to share our challenges and coping strategies. Many of us have been assisted to accept our status just through these meetings...”* (HIV positive Adolescent, Kajiado East)

A sub-county health official, while acknowledging the contribution of CDON's established support groups towards reducing positive adolescents' self-stigma in her region, explained as below.....

*“CDON supported programs have been a blessing to our community since their entry. The children who defaulted returned to care and we have started support groups for caregivers. I can say that when we started there was stigma and discrimination. Through the support groups, myths about HIV/AIDS have been dispelled and we now have a united and free team of caregivers”* (Ministry of Health Official, Magadi)

#### Shelter Renovation

Catholic Diocese of Ngong also supports housing improvement project where structures in dilapidated state are renovated especially for children living positive. Poor housing compromises children security thus increasing their vulnerability status since the children are exposed to harsh climatic conditions which may lead to opportunistic infections. It also emerges that in some settings ARVs are stolen for they are used in brewing local alcohol and therefore this affects CALHIV adherence and consequently viral load suppression. In response to this CDON between 2017 and 2020 renovated 36 houses.

A community health worker shared her experience on how house renovation is effective in improving CALHIV life as a below....

*“... I met a PLHIV whose household was in a dilapidated state. The house had open walls covered by cartons and as I was engaging with her about the state of the house and her poor suppression rate, she explained that she had serious insecurity challenges which led to her ARVs being stolen more often and consequently associated this to her high viral load. Besides, her children one of which is living with HIV would not enjoy good nutrition because whenever she went out for work, the neighbors' children would come in and eat all the food she left for her children. I reported this to CDON who provided renovation materials and skilled labor and the house was renovated. Three months later the viral load suppression improved from high to low and both the woman and her child are now strong, and in good health...”* (CHV, Kimana)

#### Community ART Distribution

Kajiado and Narok counties before devolution in Kenya had less facilities in the rural areas and it was after devolution that these counties began scaling up the number of health facilities in the remote areas. However, these facilities offer level one services with no capacity to provide comprehensive and quality HIV care services. The facilities that offer quality HIV services remain to be those located in peri-urban or urban areas of these two counties which are most of the time far from the clients. As a result, the cost of accessing care remain high to majority of those living in the remote areas. To mitigate this, CDON supports ART distribution especially to children with stable viral load suppression rates. One of the community workers who supports community-facility linkage narrates how CDON supports in ART distribution for CALHIV in his remote village...

*“...Before CDON came into the facility, we had challenges with children accessing services because unlike adults they cannot come to the facility by themselves. Transport cost for one person to the facility is about Kshs.4000 in one of the catchment area, which is very expensive for the already struggling families. I thank CDON because since they came to the facility, I*

*am now supported with transport to visit these children at home educating caregivers on adherence and also take ART especially for those coming from far based on the doctor's judgment after considering the child's suppression level. .."* (CHV, Magadi)

While interviewing a health worker, she explained CDONs support to ART distribution as below....

*"... CDON's partnership with the facility has been of great help to CALHIV, they have CHVs who conduct home visits. They help locate CALHIV who miss refills and with high viral loads. Once the CHVs have identified the homes, we link up with them and they take us to the homes where we (clinicians) distribute ARVs as we also monitor their progress. So far we can say there has been 40% decline in the suspected treatment failures within a period of six months and 60% success rate for defaulter tracing. It is great that the people reached so far appreciate CHVs follow-up services."*(Health Care Worker, Kimana)

#### Water, Sanitation and Hygiene programs

Water, Sanitation and Hygiene (WASH) is critical to maintaining good health among children living positive. According to Katherine *et.al* (2018), diarrheal illness and opportunistic infections are common occurrence among people living with HIV and can be prevented through provision of safe drinking water, sanitation and hygiene facilities. In response, Catholic Diocese of Ngong implements WASH programs in Kajiado and Narok. Through Quality Improvement Teams (QIT) they sensitize the community on small doable actions like boiling water, hand washing and also provide skills to make hand washing facilities using local materials.

During key informant interview one of the Quality Improvement (QI) team member explained the support by CDON on WASH activities as below....

*"Whenever there are outbreaks such as cholera we are facilitated by CDON to link up with health facilities and community to understand the cause. At one time there was an outbreak and we realized contamination was from the boreholes and we got chlorine which we added*

*to the boreholes. In addition, we advised the community on small doable actions such as water boiling, hand washing and distribution of chlorine tablets. The end result was reduced diarrheal episodes in the area..."* (QIT member, Loitokitok)

In addition, CDON through her development arm (CARITAS) implements Community Led Total Sanitation (CLTS) programs and promote WASH programs in school mainly targeting the girl child who is marginalized especially in Narok County. Besides, CDON dug boreholes and earth dams in Kajiado County thus increasing community's access to clean water.

One of the Catholic of Diocese of Ngong staff when discussing the benefits of WASH programs to CALHIV had this to say...

*"Since we started supporting WASH activities, we experience reduced opportunistic infections among children living with HIV in the community and other water related diseases. This allows children to attend school regularly and they live normal lives."* (Caritas Director, CDON)

#### Treatment literacy

Understanding of ART management by caregivers is important in improving treatment outcomes for CALHIV and since most of the CALHIV depend on their caregivers, some of the treatment gaps emanate from treatment mismanagement by caregivers. Catholic Diocese of Ngong therefore provides training to caregivers on various topics including good nutrition, adherence (pill time and clinic appointment), child monitoring, stigma and discrimination and disclosure.

A CHV while expressing the knowledge gap and CDON's intervention during a focus group discussion explained as below,

*"...some caregivers do not understand how to give drugs to the children, they give drugs when they remember and at different times. CDON provides training to caregivers on how to administer drugs to the children by ensuring they adhere to the directions given by the clinicians..."* (CHV, Loitokitok)

### 3.3 Livelihood and nutrition programs

Decreased productivity among families affected or infected by HIV/AIDS together with increased medical expenditures leads to poor livelihood security situation for PLHIV. Studies have shown that there is a great difference between non-affected households and households with HIV infected individuals with regards to households' livelihood security (Senefeld and Polsky, 2005). CDON's efforts towards livelihood programs targeting OVC families is summarized in the table below.

Table 4: Livelihood programs implemented

| item                          | CALHIV   | Other OVC | Total |
|-------------------------------|----------|-----------|-------|
| Kitchen garden                | 165(29%) | 399       | 564   |
| HH enrolled for SILC          | 52(22%)  | 144       | 196   |
| OVC benefiting from SILC      | 61(14%)  | 385       | 446   |
| HH Keeping poultry            | 6(33%)   | 12        | 18    |
| HH keeping goats              | 10(56%)  | 8         | 18    |
| HH on bee keeping             | 5(33%)   | 10        | 15    |
| Green house support(OVC)      | 10(33%)  | 20        | 30    |
| # Business startup kits (HHs) | 49(36%)  | 87        | 136   |
| Trained on business skills    | 101(29%) | 250       | 351   |

Source: CPMIS, 2020

#### Economic empowerment

Economic empowerment for families living with HIV/AIDS increases household resilience and consequently improves the quality of life. Catholic Diocese of Ngong supports programs that enhance households' economic power and consequently sustain service delivery actions including education, health care access and food security. Such initiatives include provision of start-up kits for vocational training graduates and business startup grants for OVC caregivers. A total of 136 caregivers received business startup grants with 49(36%) of these being CALHIV households. These included; hair dressing salon kits, second hand clothes

mitumba business stock, household wares, shoes, chips making machines etc.

During a caregivers' focus group discussion a discussant expressed her joy about the business startup grants she received from CDON as below,

*"This is a very good day since I have gotten the opportunity to thank the program. I have a HIV positive child in high school and this intervention has been of great benefit. I was given 15 chicken and they have greatly assisted me. They have begun laying eggs which we eat and sell to the shops around at Kshs 15. The proceeds have been used in paying rent which I could not pay before and buy other nutritional food items. I also want to mention that when I get sick, I no longer request for transport from other people or CDON as I used to, but use the proceeds from the eggs..."* (CALHIV Caregiver, Illasit)

An HIV positive adolescent girl who was supported for vocational training appreciated the empowerment given to her by CDON for she currently meets her financial obligation and that of her family members. She emotionally narrated her story and appreciated CDON's social protection program as below....

*"I did not know I would be where I am today because prior to his our family went through very difficult period. CDON supported me to set up my hair dressing salon when I least expected it. I was given a complete hair dressing kit and also paid part of my vocational training fee. Today from my salon business I pay rent for my business and also my mother's house, we buy food, I use the profit to get to the hospital and keep my appointments. I could not do this before and I thank God for CDON."* (Vocational training graduate and startup kit beneficiary, Loitokitok)

Through SILC and VSLA groups, members borrow funds to either boost or start IGAs. The proceeds from the Income Generating Activities (IGA) are used to pay school fee and meet health costs among other needs.

While discussing the benefits of VSLA/SILC one caregiver explained...

*"...when I joined the program I did not know about savings, I was later introduced to it by the community health volunteer who explained to me the benefits. By then, I depended on my*

*husband who provided for everything and it was always inadequate because he was a jua kali artisan with meagre income. After saving for six months, I borrowed Kshs 2000 which I used to start a grocery. Indeed since then I have never lacked food and through loans from SILC I have expanded my business and today I help my family, my children who are living positive enjoy a balanced diet and I still continue to save in the group...” (Caregiver Kitengela)*

#### Food security

Lack of food among CALHIV has negative effects on adherence. According to CHVs, children partly fail treatment due to lack of food for they believe that ARVs work best under balanced diet and this has been lacking in many families. As a response to the gap, CDON supports food security initiatives and distribute food especially to families whose children have high viral loads and lack food as an immediate intervention. To enhance food security, CDON has trained caregivers on kitchen gardening skills and provided 2 greenhouses in Kajiado County. One beneficiary group of the green houses was Kimana People Fighting AIDS Together (KIPFAT). In this group, 19 households benefited with 10 CALHIV getting direct benefits out of 30 OVC whose caregivers formed the support group.

According to KIPFAT support group secretary, the green house provided opportunities for creating demand for HIV services and food security.

She explains, “...the green house benefited us greatly. To begin with, we harvested tomatoes and vegetables which we consumed and the surplus was sold and members used the proceeds to buy other food items, some members started business whereas those who had existing businesses boosted their stock. Our lives equally improved since nutrition improved when we used the money to buy nutritious food... children who had high viral load would get sick, but this improved over time. There were those that had not fully disclosed and as we worked and joked together of HIV, they disclosed and stigma was greatly reduced among the group members. (KIPFAT Group leader, Kimana)



*KIPFAT support group members at the greenhouse March 2016*

In addition, CDON works with community based Quality Improvement (QI) teams to support food security initiatives such as kitchen garden which is presenting great impacts in the society. One quality improvement team member had this to narrate with regards to the work they do to improve food security in the community

“ .. As a QI we conducted a survey on causes of malnutrition in our area and at the end we trained caregivers on kitchen gardening where they planted vegetables in sacks. Before, the caregivers in my region bothered me with transport requests to access services and CALHIV had very high viral loads. Today as I speak out of 16 households that I oversee, 10 have kitchen gardens and they are currently practicing good nutrition. Before this, 12 members from these households had high viral load, but today only 2 have high viral load with the rest having been suppressed, to me kitchen garden has worked in my area and my caregivers now eat well and also have money at their disposal...” (QI member, Loitokitok)

### Nutritional assessment and Food distribution

Catholic Diocese of Ngong also supports households with food specifically to highly vulnerable households as confirmed by CHVs from time to time during their routine visits. In 2020, total 244(39%) CALHIV benefited from the food distribution program out of 631 OVC households. In addition, CHVs conduct nutritional assessments using MUAC and height measurements and this information is analyzed to monitor malnutrition and by end of June 2020, out of 821 CALHIV who were assessed for malnutrition, only three were malnourished and put on food supplements. To confirm CDONs support to food distribution one key informant explained as below...

*“During defaulter tracing I came across a child who had missed drugs and the caregiver mentioned that one of the challenges they went through was lack of food and that is why they missed medication. I did pill count and confirmed they still had drugs. We reported this to CDON and food was provided to this family. Currently the child’s viral load suppression has improved with good adherence...”* (CHV, Kajiado West)

### Trainings on livelihood programs

To enhance caregivers’ capacities to initiate and sustain livelihood programs, Catholic Diocese of Ngong has collaborated with various institutions to provide various trainings including financial management skills, good agriculture practices, and value addition. A total of 101 CALHIV caregiver were trained on business skills between 2018 and March 2020. During a caregivers’ focus group discussion in Loitokitok, a participant appreciated the trainings as below...

*“We were invited for training on business skills and we were taught how to calculate profit and save to boost our business capital base, this training has really helped me and my business has grown...”* (Caregiver, Loitokitok)

### 3.4 Leveraging on government social protection programs

Catholic Diocese of Ngong links up with Kenya government to facilitate OVC to benefit from various government social protection programs including cash transfers and child legal documents as explained below.

#### Cash Transfer (CT)

Blank *et.al* (2012) argues that cash transfer offset barriers created by poverty which reduces household ability to prevent, manage and cope with health risks. Cash transfer programs therefore increases purchasing power for basic household items, food and access to health care services. A Sub-County Children Officer revealed that government cash transfer program supports households especially those with CALHIV in the region and he explained as below...

*“... during enrolment we give priority to children living with HIV, high level of vulnerability and children with disability. We usually follow up with the beneficiaries and we have confirmed that majority of the households use the CT purchase food and, provision of transport for travelling to treatment centers. During enrolment and cash distribution we also utilize such platforms to promote other health accelerating interventions such as hand washing and NHIF enrolment. We have confirmed from our Ministry of Health colleagues that this has net effect of improving children lives.”* (Children Officer, Kajiado)

During a community health volunteers focus group discussions, a community health worker narrated the impact that cash transfer initiatives have in the life of CALHIV as below...

*“Government cash transfer is really a good initiative. For my area, the parents that receive this fund use it for buying food items, pay school fee, buy scholastic materials, and some also use it for payment of NHIF premiums to enable them access care.”* (FGD participant, CHV Ngong)

### Acquisition of birth certificates

Child legal documents are very critical to accessing services including health care services and one such document is birth certificate. To enroll for NHIF, birth certificate is a requirement. CDON works towards ensuring all children receive birth certificate by supporting acquisition process through payment of facilitation and processing fee.

Caregivers and children alike appreciated these efforts especially for Narok County where acquisition of birth certificate remained a challenge to children. During a KII with a community health worker appreciated this initiative as follows...

*“...a birth certificate is critical when enrolling for NHIF. Children with birth cards find it easy processing NHIF unlike those without who must acquire several supporting documents. Birth certificate acquisition has remained a great challenge to caregivers. When CDON took up the matter by supporting the acquisition process which included partnering with the Registrar of Births, it became very easy. Parents appreciate and this has equally made enrolment to NHIF easy to the children...”* (CHV, Mulot)

## 4.0 THE ROLE OF CDON IN CHILDREN POLICY ADVOCACY AND IMPLEMENTATION

CDON has played a critical role in policy advocacy and implementation which are catalysts to provision of holistic care to CALHIV. This has been achieved through building cordial working relationship with Department of Children Services (DCS) and Ministry of Health among other government agencies. To respond to the call for policy agenda, CDON has participated in three areas.

### 4.1 Support to government structures and functions

Partnerships and collaborations with stakeholders including Government Departments is a precursor to success in development. CDON identifies and supports relevant government structures and activities at various levels. In the Department of Children Services, the most critical structure is the Area Advisory Councils (AAC) which oversee implementation of children services and Technical Working Groups (TWGs) on child protection. According to one of the DCS officers, CDONs support has created synergy and impact in service delivery since AAC meetings and TWGs have been supported by CDON more often.

The children officer said, “...Catholic Diocese of Ngong works so well with the government to ensure policies are implemented. They support our Area Advisory Council (AAC) meetings, where we discuss implementation of children services, by providing transport, tea and snacks and also stipend for the participants, if it was not their support it could be difficult to hold the AACs meetings regularly...”(Children Officer, Narok)

### 4.2 Collaboration and support towards policy implementation

For effective implementation, an all-inclusive response from stakeholders is key. CDON collaborates with the Ministry of Health, Department of Children services and Ministry of Interior and Coordination of National

Government to coordinate holistic service delivery. Through this integration and coordination, CDON ensure caregivers are sensitized on children rights including right to life and caregivers who ignore such rights are compelled to adhere by providing necessary support through the government departments.

To explain this, one of the officers elaborated as below...

“...Through partnership with CDON we implement government policy on child rights and we work closely with the Ministry of Interior and Ministry of Health to ensure all caregivers provide proper care of the CALHIV, we use barazas to sensitize the community about child health rights and CDON has supported us with transport to get to such meetings...” (DCS Kajiado)

In addition, CDON has supported the Department of Children services ensure the government cash transfer programs create positive impact in the community and addresses the actual needs by targeting right beneficiaries including CALHIV households. CDON support this initiative through her community structures, specifically community interviewers to support community activities.

One of the Children Officers recognized CDON’s support on this area as below...

“... When we have cash transfer enrolment program we use CDONs CHVs and social workers to identify the most vulnerable and CALHIV for enrolment.... They mobilize and refer such cases to our office for enrolment...” (DCS Kajiado)

Catholic Diocese of Ngong also supports implementation of policies by supporting trainings and sensitization meetings to the implementing agencies, groups and individuals. According to the Children Department, a number of critical trainings were supported by CDON. For example between 2018 and 2020 a total of 321(26%) CALHIV caregivers out of 1214 children were reached with parental skills training sessions.

One of the DCS officers thanked CDON for the support and made the following comments....

“CDON has greatly supported in policy implementation. When we have policies to

*implement CDON has always been ready to support. As a department we normally train the caregivers on children rights, parental skills, Sexual Gender Based Violence (SGBV) prevention and response and Volunteer Children Officers (VCO) on child protection guidelines and policies. CDON has provided support in terms of transport reimbursements and meals in most of these trainings...*” (Sub-county Children officer, Kajiado)

### **4.3 Partnership with government in policy advocacy programs**

Catholic Diocese of Ngong equally participates in advocacy on child protection policies by directly involving the children and empowering them to participate in policy discussions and agenda. This is achieved through supporting children assembly forums where children discuss matters that affect their lives both at school and in the community. A total of 22 children were supported by CDON to attend children assemblies and seven (7) of these were CALHIV.

While interviewing one of the DCS officer (KI) about CDONs contribution towards policy agenda through advocacy, he confirmed as below....

*“...Catholic Diocese of Ngong has been instrumental in supporting children assembly activities where children get the opportunity to share their issues and challenges from the grass root to the national level.....through CDON’s support children policies such as FGM policy, Children’s Act and Sexual Abuse Act which directly affect the Maasai community have been formulated....”*(DCS, Kajiado)

In addition, Catholic Diocese of Ngong participates in active advocacy to ensure children interests are supported by the existing county governments. In Kajiado County, during COVID-19 pandemic, CDON steered formation of a network of CSO group to advocate for the county government’s support for elimination of early marriages and SGBV through the department of Gender. In Narok, Catholic Diocese of Ngong and DCS through children assembly, advocated for county assembly’s support on children services.

One of the Children Officers commented as below...

*“..CDON provided both financial and material support to county based children assembly in 2018. This support was fruitful since through it, the children held their meetings at the county assembly and this opened the assembly members’ lenses of viewing the children services differently. The assembly got involved and as a result of the feedback received from the children in their meetings, a policy on SGBV was formulated and adopted by the county government.”* (DCS, Narok)

## 5.0 CONCLUSION AND RECOMMENDATION

### 5.1 Conclusion

Catholic Diocese of Ngong's social protection programs to children living with HIV through her child centered (CNISD) approach generates rich evidence of how social protection programs are integral part of HIV care and treatment for CALHIV. This approach provides assurance to children living positive and their household members' of their life dreams. By taking care of social determinants of health, CALHIV live normal lives, develop and nurture their life goals as other children and grow to fulfil their lifetime dreams. Through CNISDs approach there is improved adherence, improved VL suppression and enhanced positive living among CALHIV due to strong community and facility support. This approach ensures the right children needs are identified and appropriate corresponding response is provided for optimal results.

### 5.2. Lessons learnt

HIV pandemic is a societal problem and therefore community response is integral to its management. CNISD approach has proven that community ownership, identification of needs and provision of community based solutions ensure acceptability, ownership and success of programs. It is evident that community ART distribution works well in remote settings where movement is a challenge due to poor road networks and therefore this reduces defaulters among CALHIV. In order to improve performance and CALHIV self-esteem at school, regular school fee payment, provision of school uniform, menstrual hygiene programs, good relationship with school management and regular visits to CALHIV are necessary. To the OVC out of school vocational training support emerges as a greater catalyst to better health. Most defaulters equate their poor adherence habits to food shortages and therefore any response to food security at the household level is a factor for improved treatment adherence. In order to achieve any program objectives and

enjoy community acceptability and ownership, strong partnership with government and other stakeholders is key and this has been demonstrated as the propeller behind CDONs success. However, it emerged that data management system is critical and consistency is key for longitudinal understanding of the processes and programs.

### 5.3. Recommendation

Having noted the gap in programing with respect to social protection interventions in CALHIV programs and the impact they create, it is necessary that future funding opportunities for HIV programming consider social protection components. Majority of the healthcare workers have not appreciated the role social determinants of health play in clients wellbeing and therefore it will be proper for extensive training of health service providers on social protection approaches to care for a holistic service delivery to CALHIV. Mastery of skills is important for success of any process and considering the literacy levels in the remote settings, continuous, field based and practical trainings on business skills, financial literacy and food security would be most appropriate compared to class room based approach to training. By economically empowering CALHIV, children and their families gain power to sustain HIV services that are donor supported specifically covering access to care, nutrition, education and also other basic needs in families. Consequently, more funding ought to be directed towards livelihood programs including business startups, vocational training skills and social assets building for sustainable impact in households. To improve access to health services, consideration for seed capital toward health insurance enrolment and initial premiums payment for highly vulnerable families while working on economic empowerment programs would provide for immediate and long term health access needs. In order to make the community own the skills transfer process on program activities, promoting benchmarking and pairing programs between those who have succeeded in IGAs and those struggling would be very necessary.

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## Annexes

### Annex I: Case Studies

#### Case Study One: The empowered girl who counts her blessings

Emily (not her real name) is 19 years old and lives in Kajiado South born in a family of four to HIV positive living parents. Her mother while giving us consent to interview her says that where she has come from with her family is indeed far, her children including Emily, were always sent out of school due to lack of school fee, she did not know about *'lisha bora'* which is Swahili word for balanced diet, she also could not comfortably pay rent and meet other household needs. However, she recounts how CDON has changed Emily's life and the whole family's situation from worse to better.

Emily narrates how she was taken to a community vocational training school after her standard eight exams. She says, "... I lost hope after my class eight and never knew that I would continue with my education...." She recalls when the CDONs social work called her and informed her that she would join a training in May 2017. This dream came to be true when the CDON program paid her term one fee and she joined the training institution to acquire skills on hair beauty. Emily recalls with her tears rolling down her cheeks how her schooling was full of challenges including stigma and discrimination at school and lack of school fee. However, she happily recounts that she managed to complete her training with payment of her final exams fee from CDON. Upon completing her training Emily sought for apprenticeship in a local saloon where she hardly received any income towards her upkeep but persevered for about five months. Later, Emily's recalls another support from CDON to secure apprenticeship and she says, "... I thank God for our social worker who later linked me with another salon in Loitokitok town where I received some little money to meet my bills and also acquired more skills in hairdressing."



*Adolescent beneficiary of business start up kit*

Emily received support from the program that which completely changed her life. She happily narrates..., "... one day the same social worker again called me and asked me to share what support I would want to do in life to help me beat my challenges and I quickly confirmed that I would appreciate if I operated my own salon business. She asked to list components of a salon kit which I did. Thereafter, I waited for some time and finally the project delivered to me the kit and I established my own salon towards the end of 2019...." Emily is very happy about this milestone in her life because it has opened doors to her. While expressing her joy Emily reveals that since she opened her salon, life has been good to her and her family as well. She explains, "... I am now independent, I can pay the rent both for the shop and our household

*rent, we can comfortably buy food at home, and I can buy my personal effects and clothes. Before I had this salon my mum would support me every month as I go for my clinic appointments but now I take care of that on my own and even support mum.”* As she closes, Emily also thanks CDON for the support group meetings that CDON supports the CALHIV to attend. She says that through the support group she has disclosed to her friends, has improved her self-esteem and disclosure and consequently managed to secure a contract with care and treatment partner as an adolescent champion and is currently supporting other children and adolescents to know their status and also disclose. Emily thanks the program for it has made her what she is today she says, *‘my life has become better because of CDONs support, I live happily courtesy of the walk I have had with the program.’*

### **Case Study Two: Adolescent girl beating the odds of her status while pursuing her education**

Jackeline (*not her real name*) is a form 3 student born positive to a mother of three children. She is the last born in their family. Jackeline begins her narration by saying, *“truth be told I thank God for Catholic diocese of Ngong. .... In the past life was very difficult in our household, it was a challenge going to school due to lack of school fee. This project has really helped me, through it, I got enrolled into a school, and my mother would come with Toms shoes whenever she went to CDON, I used these shoes to go school and I felt good just like other children would.”*

Jackeline is a member of a support group where adolescents meet during holidays to share experiences, release stress through interactions and play therapy, and get trained on adherence, stigma and discrimination, disclosure and acceptance of their status. Jackeline says that through the support of Catholic Diocese of Ngong their support groups run because they receive refreshments. Besides the support group, Jackeline as CALHIV they are visited regularly more than other OVC children enrolled in the program. She says, *“I am always visited by ‘shosh’,”* referring to the CHV who visit her everyday who offer her psychosocial support, and also counsels her on everyday life. Jackeline’s also says that she share a lot of her challenges with the social worker who has given her support in times of difficulties. Jackeline remembers how the project supported her when she joined high school, she says, *“when I joined high school I had adherence challenges which were brought about by stigma and discrimination that I faced at school from my peers and teachers. Since my teachers did not understand me and my health challenges, I would always hide and even avoid taking drugs altogether. Back at the health facility where I picked drugs they could not understand and so it was only the social workers who could listen to me and provide psychosocial support.”*

Jackeline when concluding her story confirms that the support group programs have made her improve on her self-esteem, disclose to her friends, share challenges and easily finds solutions to some of the problems. She also reported that life in her family has become more bearable through the support of the program. She has also been assisted with school fee which has made her remain at school throughout the school term dates.

### **Case Study Three: My life journey with Catholic Diocese of Ngong**

Anastasia (*not her real name*) is a woman aged 39 years from Kitengela town Kajiado County. She has three children, the first born has attained certificate in health records and HTS, the second born is in a Technical Training College within Kajiado county whereas the last born girl is in High school in Western Kenya. Anastasia, her spouse and one of the children are living positive.

While narrating her story emotionally Anastasia began by saying that “...before I started business, life was very difficult because my husband is not very supportive. I washed clothes for families and also cleaned houses in order to get little money to push us in the family. Sometimes we would go without food. I did not have anything, my family used to go hungry, my children used to be sent away for school fee...”

Before coming to Nairobi Anastasia and her family used to stay in Mombasa where her husband worked in one of the parastatals and after the husband lost his job, they moved to Nairobi. Due to poverty in the house, her last born child could not resume schooling immediately, the private schools around were very expensive too afford and they had no school fee.

One day when Anastasia went to the hospital for her clinic, she met a CHV from the Catholic Diocese of Ngong who was providing psychosocial support to the PLHIV, Anastasia approached the CHV and shared her experiences. The CHV promised to link her up with CDON social worker. When Anastasia met the social worker, she explained her challenges especially with the last born child's education and through the social worker, Anastasia secured school enrolment in a government public school. Anastasia continued with her laundry work to families and also joined a support group of 15 persons. Anastasia explains, “Through the support group we were trained on savings and we would save to about Kshs 750 after several weeks. After some times, I would borrow this money and use it to meet my family needs.” Unfortunately Anastasia became sick at some point and by that time she had saved Kshs 22,000, she used this amount for treatment and also to pay school fee for her eldest son who was pursuing his diploma course at Kenya Medical Training College.

Anastasia later got well, but could not continue with SILC for she had challenges raising money to save. However, she explains that since she met CDON she has always gotten solutions for her challenges. She explains “... One day a case worker asked me what I would want to do to improve my family status and I chose second hand duvet business. I was given 15 pieces of Duvet which I started off with and I realized it was still not sustaining so I asked my sister to boost me so then I would start retail shop alongside the duvet. From the Duvet business I had saved Kshs 6000 and so I added this to what my sister gave me and I started shop keeping.. .’ Anastasia says that the small businesses she is currently running has sustained her for she can pay rent and buy food for her family. The joyous Anastasia says that their life has changed because they can afford meals and have peace of mind which she never had before her children were enrolled in the CDON project. Anastasia is extremely grateful to CDON for supporting her so much. Besides the business grant, Anastasia confirmed that her children in school have also received school fee support that made them remain at school. She further confirms that the support group has also helped her last born who has benefited from psychosocial support, peer pressure management and life skills while Anastasia has also received training on parenting skills. These interventions have strengthen the family's social challenges coping ability and at the same time enhanced their caregiving skills and relationship between Anastasia and her children.



*Anastacia in her shop*

#### **Case Study Four: A widow giving hope to her children amidst life challenges**

Jennifer is a widow with four children and live in one of the towns of Kajiado County. She has three children still in school with the last born being in class 4, second last born in high school Form 2 and the second born in the University. Before joining the program her husband became sick and during the period when the husband was sick, the family had challenges with paying bills and food was equally difficult to come by. Her husband thereafter died as a result of HIV/AIDS. Jennifer said she had to wash clothes for her neighbors for her family to survive, she further explained, “...my kids had challenges with their education because before my husband died they were all in private schools, however after his death paying school fee was a great challenge...” On of Jennifer’s children, her last born daughter became sick in 2012 and they never knew her status until she was tested for HIV and turned positive at a nearby government facility. Jennifer enrolled into CDON program in 2012 after one of community health workers serving at the Sub-County Hospital referred her to the program. While explaining her challenges, Jennifer said, “Before I joined the program, life was extremely unbearable and I had very low income.” Through the project Jennifer joined a support group where they were trained on group Saving Investment and Lending Community (SILC) methodology. They were supported by the project and formed a psychosocial support group where they saved and she recalls she began saving Kshs 200 from casual labor and later increasing her savings to Kshs. 500 a week. Jennifer started a small business from dividends earned from her savings at the end of the saving cycle (end of saving year). She later took a loan from her group savings to boost her stock and this saw her stock of tomatoes and onions grow from Kshs 500 worth to Kshs 7000 worth of stock. Jennifer also confirms that through SILC members make payments for NHIF premiums where in every week they contribute Kshs 100 towards payment of NHIF premiums for the group members and this has made their insurance cards remain active.



*A beneficiary of CDON's poultry project*

While still narrating how CDON program has been of benefit to her family, Jennifer poses and says, “...Catholic Diocese of Ngong did not get tired to support me for they realized I still lacked so much and could not support myself, last year after engaging me on what could make me empowered economically, we jointly agreed on poultry keeping and they bought chicks and brought to me, I received 15 chicks, I have reared them safely and today they have grown. I now get approximately 6 eggs per day which I eat, use to buy their food, and sell to meet any needs including health care for my positive child. I have also bought additional chicken and the number has grown to 30. Indeed even though the program is meant to assist the child living positive, it is good to note that the support has assisted my entire household and we now live well.” Jennifer further reiterate that from CDONs program, she knew about the ‘*lisha bora*’ since they were taken through trainings on good nutrition. Besides Jennifer also acquired skills like cake baking and soap making. From her business and SILC activities she has bought furniture, TV, water tank, children clothing and food. As Jennifer signs off, she says... “.... I thank CDON for having walked with me since my husband died, I believe I shall finish my house which was left unfinished when my husband died, my life has changed and my children eat well.”

## *Annex II: Data Collection Tools*

### **Introduction/ verbal consent seeking**

Good morning/afternoon. We are (*each introduce himself*) what of you (*each introduce themselves*). We understand you are (*insert the group or individual role*) to the program or OVC who have benefited from CDON's work in this region. We thank you for your time and our visit today is to find out about the achievement or impact created by CDON's work in this region. Please note that whatever information you will provide shall be treated with confidentiality and will only be used for purposes of giving evidence on the impact created. The information provided may be published and may be accessible to both local and international audience, but your name will not appear anywhere in the document. This session will take not more than 1hr 30 min and you are at liberty to answer only questions you feel comfortable? Failing to respond to any question will not result into termination of any benefits/services you receive from CDON. In case we will take photos, we will seek your written informed consent as well. Will you accept for us to proceed? Consent/accept provided?

(*Find out language to use*) Yes.....No.....

Thank you.

Interview/Discussion Guides

### ***Focus Group Discussion (FGD) Guide for CALHIV Caregivers***

- I. In your efforts to care for the OVC, what challenges have you/your children encountered?
- II. In what ways has CDON responded to the challenges mentioned above?
- III. Do you know of any beneficiaries who have been tested for HIV? If yes how was testing done and how did CDON support this exercise?
- IV. Kindly share with us some of the barriers to accessing HIV care and treatment among other health services?
- V. What role has CDON played to ensure these challenges are resolved to improve access quality HIV services? What roles have CHVs played to ensure you are supported?
- VI. How have livelihood programs implemented by CDON impacted on access to quality HIV care services among other health services
- VII. What health (especially on HIV care) outcomes would you associate with education related support? As care caregivers taking care of CALHIV, how have you been capacity built to ensure you adequately take care of the OVC?
- VIII. What gaps do you think still exist in service delivery?

### ***Focus Group Discussion Guide for Adolescents Living with HIV***

- I. In your opinion what are some of the challenges that you go through as CALHIV? What barriers do you face in seeking for quality health care services?
- II. Kindly share with us how CDON has responded to the above challenges?
- III. What roles have livelihood programs implemented, by CDON, at the household level played in enhancing access to quality health care including HIV services and how have they contributed to improving your health care outcomes?
- IV. Which direct health interventions have you benefited from? How have they impacted in your health wellbeing?

- V. Do you belong to support group? What role has the support group provided in enhancing quality of care and what has been the role of CDON? What other interventions would you attribute to improved health as implemented by CDON apart from support group which brings you together?
- VI. Has any you been engaged in children assembly programs? If yes, what has been your contribution with regards to things you want included to support OVC programming? Which other forums exists in the community where you give feedback on your program needs?

***Focus Group Discussion Guide for Community Health Volunteers (CHVs)***

- I. What challenges affect the OVC in your community? Which activities have you as a CHV helped CDON implement which responds to the challenges mentioned above?
- II. Tell us more about HIV testing, what has been your role? In your opinion for those testing positive, what are some of the challenges they go through at enrolment and during care and treatment?
- III. Kindly share with us how you and CDON have assisted the families and OVC living positive in encountering these challenges
- IV. How have CALHIV been supported to meet their educational needs by CDON? What has been your role in this? In your opinion, how do you think this has impacted on their health outcomes?
- V. Which livelihood programs have you assisted CDON to implement in your community?
- VI. What do you think about government social protection programs such as CT? How have they impacted on health CALHIV households? What role have you played in ensuring more enroll?
- VII. In your opinion what has the following contributed in the efforts towards improving CALHIV health; shelter renovations, food distribution and training of households on child rights?

***Key Informant Interview Guide -Children Officers***

- I. How has CDON worked with your office? What are some of the challenges your office encounter which CDON has been of great help?
- II. In your opinion, what are some of the challenges affecting OVC? What health specific challenges could you mention?
- III. In what point has your office collaborated with department of health in regards to service delivery to CALHIV? What role has CDON played in this collaboration and also responding to the challenges mentioned above?
- IV. How has CDON supported you in either development of implementation of child protection policies?
- V. What support have you received from CDON with regards to scaling up cash transfer enrolment? Or NHIF enrolment?
- VI. In your opinion, how has CT contributed to improvement of health of children living with HIV?
- VII. What other programs have you implemented closely with CDON? In your opinion, how have they contributed to improving health status of CALHIV health?

***Key Informant Interview Guide –Ministry of Health (HIV coordination office)***

- I. How has CDON collaborated with your office? What are some of the challenges your office encounter that CDON has been responded to?
- II. In your opinion, what are some of the challenges affecting OVC? What health specific challenges could you mention especially to CALHIV? How CDON worked with your office to respond to these challenges?
- III. Kindly share with us how CDON has supported your office in your efforts to ensure children are tested and linked to care. *N/A if Q3 is well explained*

- IV. What challenges do you have with access to care and treatment among CALHIV? *N/A if Q3 is well explained*
- V. How have partners (CDON) working in OVC children supported in eliminating such barriers? *N/A if Q3 is well explained*

***Key Informant Interview Guide- Facility Comprehensive Care Centre***

- I. How have you worked with OVC program specifically the one implemented by CDON? In what areas have you collaborated?
- II. What are some of the health delivery challenges you have encountered with the regards to the children you serve including those enrolled in OVC program?
- III. How has CDON been helpful in responding to some of these challenges? Kindly describe how referral is done in your facility from community to facility. How has CDON supported you in this? *N/A if 3 is well explained*
- IV. What role has CDON played in management of support groups? What are some of the health benefits that CALHIV have received from such initiatives?

***Key Informants: HIV Partner (Afya Nyota ya Bonde)***

- I. What are some of the challenges you have encountered with the CALHIV your program serves? Do you know from the number of CALHIV you have, how many are served by the existing OVC program?
- II. In your effort to serve the children, in which areas have you partnered with CDON? And how have they been helpful? How has the community health volunteers supported by CDON supported your program?
- III. Considering the support groups you have in the facilities, to what extent have you partnered with CDON for effective operation of PSSGs? *N/A If Q2 exhaustively touched on it*

***Key Informants: Link Desk Person***

- I. How has your roles supported children accessing HIV care services in this facility? What support have you received from CDON as you discharge your duties as a link desk in the past or currently in this facility?
- II. Could you describe how you trace defaulters in the facility especially with regards to CDON's OVC program?
- III. How have you related with CHVs supported by CDON as you work towards providing care to the children?

***Key Informant: Quality Improvement Team***

- I. Kindly share with us some of the programs your team has ever implemented in your community including health interventions.
- II. How do you identify the challenges to respond to in the community?
- III. What has been your role in improving health access in your community? What has been your experience with supporting the OVC for testing and HIV care and treatment in your community?
- IV. In order to be effective in your work, what support do you receive from CDON? Which livelihood programs have you supported your community to implement?
- V. What impact has all these QI activities had on HIV testing care and treatment support? What role would you attribute to CDON for all these successes?

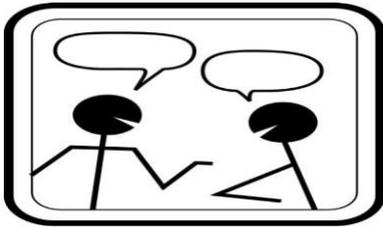
*Annex III: CDONs Photo, Video and Interview consent form*

Consent form for photo, video and interview

Date.....

Place..... Identity No.....Phone No.....

.....  
and my family have given our consent to be interviewed



and photographed by.....

I am clearly aware of the fact that my photos/ videos and story, could be used for publicity of the Catholic Diocese of Ngong's work in Magazines, Newspapers, Internet and other forms of mass media.

Name and Signature of the person giving consent

.....  
Relation (if children below 18 years).....